

HPV: THE ULTIMATE GUIDE

HPV (Human Papilloma Virus) is one of the STIs that creates the most distress in our client population, due to misconceptions, myths, and lack of accurate knowledge about the virus. HPV diagnosis often does not come with hard black-or-white answers regarding infection, transmission, and treatment that we all desire when it comes to our sexual health. We hope that this guide can help alleviate some of those feelings.

What is HPV?

HPV is the most common STI in Canada. Approximately 75% of Canadians will have at least one HPV infection in their lifetime. The infection often does not have signs or symptoms making it difficult to tell if you or your partner are infected.

There are over 100 types of HPV, and some of these can cause genital warts and cancer. Your body can often clear low-risk HPV on its own.

There are approximately 15 types of HPV that cause abnormal cells and can lead to cancer. HPV can lead to cancer of the cervix, vulva, vagina, and the penis. It has also been linked to cancer of the anus, mouth and throat.

How did I get HPV/How would I get HPV?

HPV is spread through sexual encounters, and very rarely, during childbirth. It can be spread through oral, vaginal/penile, or anal sex, through skin-to-skin contact such as genital rubbing, and/or sharing sex toys with an infected partner.

You can be exposed to HPV even if you used a barrier method, such as condoms or dental dams, during your sexual encounters. The HPV virus can live in the skin cells around your genital and pubic area, which is not always covered fully by the barrier method.

How can I prevent getting or spreading HPV?

Using condoms or dental dams can help prevent the spread of HPV. Because HPV can live on the skin surrounding the groin area, including the upper thighs, condoms do not offer complete protection against this STI. However, they still offer some protection, so we highly recommend using them!

Internal condoms can provide additional protection against skin exposure due to their placement on the outer labia or anal area. Condoms should also be used on sex toys. The spread of genital warts can be increased by shaving the genital area, as it exposes the skin surface area.

The latest GARDASIL vaccine protects against 9 types of HPV that are linked to 90% of cervical cancer. The vaccine also provides protection from some HPV types that cause genital warts. In Canada, HPV vaccination is approved for people with vaginas from ages 9 – 45 and people with penises from ages 9 – 26. However, doctors may choose to give it to anyone of any age.

The protection offered by GARDASIL works best before you become sexually active, but it may help reduce the risk of HPV-related issues even after exposure to HPV.

How can I tell if I have HPV? Can I test for it?

Symptoms of HPV include: warts on the vulva, cervix, penis, scrotum, anus, or in the urethra (genital warts typically appear as small, soft, flesh-colored painless growths, with a cauliflower-like appearance), itchiness, discomfort during intercourse, bleeding with intercourse or with shaving. During pregnancy, warts may increase in size and number and then decrease after delivery.

If you are infected with the types of HPV that cause genital warts, you may not develop any symptoms. It is also possible that you could carry the virus for many years before developing symptoms. It is often impossible to determine exactly when you got it and who you got it from. The size and number of warts will vary from person to person. You may experience one or several outbreaks over time.

Genital warts are diagnosed by visual inspection. You cannot be tested for genital warts without experiencing symptoms. Cervical cancer can be screened for by Pap tests. Pap tests are used to identify pre-cancerous cell changes caused by the HPV virus.

It is important for sexually active people with vaginas to get regular Pap tests beginning at the age of 21 or 6 months after your first sexual activity, whichever comes **last**, and then every 3 years following (or as recommended by a health professional) until the age of 69.

Although Pap testing is only available for people with vaginas, people with penises can be examined by their doctor for genital warts caused by HPV and for signs of cancers of the penis, anus, and mouth and throat.

People who are immunosuppressed require more frequent HPV screening.

What can I do about HPV? Is there a cure?

There is no cure for HPV once someone is infected. Once infected, an individual with a healthy immune system will often clear the virus within one to two years. Genital warts can be treated by a doctor using freezing, laser, or with self-applied medication. At HSHC, we offer freezing, acid wart removal, and cream treatments.

If abnormal cervical cell changes are found on Pap testing, they are closely monitored and can be destroyed or removed by specialists.

Maintaining a healthy immune system with a healthy lifestyle can be very beneficial in preventing outbreaks. This includes stopping smoking.

If you have not already received the GARDASIL vaccine, consider discussing it with your doctor, even if you believe you have already been exposed to HPV.

What does HPV mean for my health and sex life?

First things first, you are not alone! 75% of Canadians have will have an HPV related infection at some point in their lives. As one of the most under-reported and misunderstood STIs, it is easy to feel like you are the only person you know with HPV. The most challenging part about HPV is that there is no hard

“yes or no” answers about a diagnosis without experiencing symptoms, such as warts. Not knowing whether or not you have it can be very difficult psychologically. What is important to remember is that while genital warts may be unpleasant, they are not dangerous. As long as you are participating in regular PAP and STI testing, you are doing the best you can for your health.

If you have been told by a partner that they have HPV, take a look at your own genitals, using a mirror if necessary. If you see what you think may be warts, or if you have any other concerning symptoms, such as genital discharge, itching, burning, or bleeding, make an appointment with your local sexual health clinic, STI clinic, university clinic, walk-in clinic, or family doctor to discuss treatment and management. If your sexual encounter was high-risk (for example: unprotected without a barrier method, with an unknown partner, non-consensual encounter, etc) make a regular testing appointment for STIs even if you don't have any symptoms. To have a reliable testing for chlamydia or gonorrhea, it will need to be at least one week after the exposure. If your encounter was not high-risk and you are not experiencing symptoms, you do not need an appointment. Keep an eye out for warts, as symptoms can occur two weeks to several months after your sexual encounter. However, many people will never get symptoms. If you have a vagina, double check to see if you are following your own Pap testing schedule, which is every three years unless otherwise directed by a doctor. Consider contacting your doctor regarding the HPV vaccine, if you have not already had it, or just to gather more information on HPV. Continue with your regular STI testing schedule and consider getting tested for sexually transmitted blood-borne infections (STBBIs).

It is completely normal to feel all kinds of emotions when you are told you have HPV. Some common feelings include guilt, shame, anger, anxiety, and grief. Just remember, you didn't do anything “wrong” or “bad”. Similar to getting a cold or the flu, you were exposed to an extremely common virus and your immune system was unable to fight it off. Simple as that. If you developed a cold, you probably wouldn't beat yourself up about shaking hands with someone or not washing your hands enough. In the same way, you shouldn't beat yourself up about how you got HPV. Although there are steps you can take to reduce your risk, unless you choose abstinence for life, it's nearly impossible to avoid risk altogether.

HPV is not a “reportable” infection. This means that unlike chlamydia or gonorrhea, you do not need to contact Public Health or past partners to inform them of your diagnosis. However, we recommend open and honest communication between partners to enhance sexual health and well-being.

Prior to discussing things with a partner, think about addressing any of your own questions or issues about HPV. This is to help establish your own comfort level and is where knowledge really does equal power. One of the most important aspects of coping with HPV, and helping partners develop a good understanding of the virus, is getting factual information and avoiding myths and hype. It may also be a good idea to have resources to which you can direct a partner, so you know they turn to trustworthy sources for information, such as our website, hshc.ca!

Remember that having HPV does not mean you have done anything wrong. Having HPV simply means you, like so many others, have been exposed to a common virus. It is not a reflection on you, your character, or your values. Conversations with partners should not be viewed as making a “confession” or offering an “apology”.

There is also no way to know that your partner is not already infected with the same strain of HPV, as many people carry the virus but never develop symptoms. In Nova Scotia, we do not have a test to determine whether someone (without symptoms) is carrying the virus and/or is contagious.

Using a barrier method, such as condoms and dental dams, during sexual activity is the best way (besides abstinence) to reduce the risk of spreading HPV. We recognize that in long term partnerships, this is not always feasible or desirable. What you do to manage HPV in a long-term partnership can be discussed with a doctor or nurse, but some good guidelines include abstaining for sexual activity during an outbreak of warts, keeping sex toys clean and/or using a barrier method on them, protecting your immune system with a healthy lifestyle, and considering GARDASIL for both yourself and your partner.

Much remains unknown about HPV transmission when symptoms (like warts) aren't present. Studies show that in most cases a healthy immune system is likely to clear, or suppress, HPV eventually. Some cases may persist for years and result in recurrent lesions, but this is not the norm. It is difficult to say whether someone will "always" have HPV, which we understand can lead to feelings of distress. If you are feeling very upset about your HPV diagnosis, please make an appointment with your doctor.

Many experts believe "subclinical" HPV (when the virus may be in skin cells but no warts are present) is less likely to be transmitted than when warts are detected. It is reasonable to say the chances of transmitting virus years after the last episode (where warts were detected) will become increasingly less likely over time. This is not easy to prove and the lack of a solid "yes or no" answer is frustrating. Still, HPV does not seem likely to always be active.

Current partners are likely to share HPV, but this may be difficult to prove. Testing options for HPV are limited and most cases are never diagnosed. Pap tests, for example, are not specific screening for HPV; they are designed to detect abnormal cell changes of the cervix.

Partners who are sexually intimate only with each other are not likely to pass the same strain of the virus back and forth. When an HPV infection goes away, the immune system will remember that HPV type and keep a new infection of the same HPV type from occurring again. However, because there are many different types of HPV, becoming immune to one HPV type may not protect you from getting HPV again if you are exposed to another HPV type.

The strains of HPV that lead to cervical cell changes (i.e., abnormal Pap) are not the same strains that cause genital warts. Therefore, partners would not directly be at increased risk for developing genital warts. However, it is possible that someone can have multiple HPV infections, including strains of HPV that cause both cervical cell changes and genital warts.

Although research has shown a connection between "high-risk" strains of HPV and certain types of cancer (e.g., vaginal, vulvar, anal, penile, oropharyngeal), these cancers are still quite rare and can have many other causes aside from HPV infection.

If a person with an abnormal Pap result has partners with vaginas, there is an increased likelihood that they could pass on a strain of HPV that could also lead to cervical cell changes in their partner's vagina.

What are some myths about HPV?

Only people who have casual sex have HPV:

It is true that a higher number of sexual partners over the course of a lifetime does correlate with a higher risk for STIs, including HPV. This is not because of any moral judgment concerning "casual" sex as compared with "committed" sex, but simply because the more sexual partners you have, the more likely you will have a partner who (knowingly or unknowingly) is carrying an STI. However, STIs can be passed along as readily in a loving, long-term relationship as in a one-night stand. HPV is the virus to prove it.

In a monogamous relationship, an HPV diagnosis means someone has cheated:

This myth has been responsible for a great deal of anger, confusion, and heartache. This myth fails to take into account one of the most mysterious aspects of genital HPV: its ability to lie latent. The virus can remain in the body for weeks, years, or even a lifetime, without any symptoms. A genital HPV infection may produce warts, lesions, or cervical abnormalities after a latent period of months or even years. There is simply no way to find out how long a particular infection has been in place, or to trace it back to a particular partner. In a monogamous relationship, therefore, just as in a casual relationship, an affair, or even in an interval of no sexual relationships at all, an HPV diagnosis means only that the person contracted an HPV infection at some point in their life.

Genital warts lead to cervical cancer.

Genital warts are almost always benign. In the vast majority of cases, they do not lead to cancer, turn into cancer, or predispose a person toward developing cancer.

In practical terms, a person with a penis who has genital warts is no more likely than any other sexually active person to transmit cancer-causing HPV types to a partner with a vagina. Following a regular PAP test schedule is the best course of action for all sexually active people with vaginas.

An abnormal Pap test means a woman is at high risk for cervical cancer.

An abnormal Pap test can be caused by factors other than the presence of a high-risk HPV type. When a Pap test comes back as "abnormal," it means that under the microscope, the appearance of a few cells in this sample differs in some way from the classic appearance of healthy, intact cervical cells.

The difference could be due to local irritation, a non-HPV infection, a low-risk HPV type, or even a mistake in the preparation of the cell sample. To help sort out the various possibilities, a woman with an abnormal Pap test is often asked to come back to the doctor's office and have the test repeated. Most nonsignificant reasons for an abnormal result last only a short time, and so repeating the Pap test after a few months usually weeds these out.

Even if the result is again abnormal, this rarely means that cancer is imminent. Follow-up tests such as colposcopy and biopsy can help evaluate the abnormality and remove any potentially malignant cells. If further treatment is recommended, the patient and their doctor usually have several options to consider, and time in which to consider them.

If a person with consistently abnormal PAP tests does not receive treatment, the odds are still on the patient's side. Only 1 out of 4 cases of cervical lesions will progress to cancer if left on their own. Treatment is almost always successful in preventing cervical cancer if the abnormal cells are found in time. This very effective system of protection can work only when each person takes responsibility for

the first step themselves, by having a Pap test at regular intervals. According to the National Cancer Institute (US), about half of people with newly diagnosed cervical cancer have never had a Pap test, and another 10% have not had a test in the past five years.

Treatment of warts means they are no longer contagious.

Unfortunately, medical opinion is not settled on this point. Transmission of HPV poses a major challenge to researchers, as it involves sexual behavior, which people may or may not feel free to talk about, and because HPV's long and variable period of latency makes it virtually impossible to trace back to a specific partner.

Researchers must fall back on indirect observations and on reasoning from what they do know about this virus. Some specialists think that removing genital warts may lower the risk of transmission, since it "de-bulks" the areas of tissue that contain infectious particles. However, because the area surrounding any visible warts may also contain infectious HPV particles, removing the warts cannot eliminate the risk.

A person may have good reasons for wanting their genital warts removed--they may be uncomfortable physically or psychologically. However, removing warts cannot guarantee that the risk of transmission is removed.

If you have any further questions regarding HPV, please give us a call at 902-455-9656 to book an appointment with one of our doctors.